

specialty will read it with profit; to the general practitioner, faced occasionally with a case of venereal disease and requiring up-to-date and straight-forward information, it is warmly recommended; and for the student who reads in English, postgraduate and undergraduate alike, it is likely to become the standard text-book. S.M.L.

**Year Book of Dermatology (1963-1964).** Edited by R. L. Baer and A. W. Kopf. Pp. 512, 64 figs. Distributed in the United Kingdom by Lloyd-Luke (Medical Books), London. (72s.)

The editorial leading article in this current Year Book discusses at length the practical aspects and newer trends of the surgical procedures increasingly practised in dermatology. It also reviews recent research and clinical studies and, as many of these concern systemic disease with skin manifestations, the interest of parts of the book will not be confined to the specialist dermatologist. However, it has little to offer the venereologist who does not also practise dermatology; the section on venereal diseases occupies only five pages. S.M.L.

**Atlas and Manual of Dermatology and Venereology.** By Prof. W. Burckhardt, translated by S. Epstein.

2nd ed., 1964. Pp. 306, 187 illus. Baillière, Tindall and Cox, London. (132s.)

Professor Burckhardt is director of the Municipal Policlinic for Skin and Venereal Diseases in Zürich and his book in its original German presentation has already reached its fifth edition. It is intended for those who are not specialists in dermatology and confines itself to a straightforward account of the commoner skin conditions. It does this well and the excellent colour plates tell their story vividly and fully justify the title of Atlas; inevitably they also add greatly to the cost of production.

The venereal diseases are described in only 13 pages of the text with the aid of 17 excellent illustrations. This superficial presentation is perhaps unfortunate in view of the increasing incidence of VD in Europe and North America. A number of points invite criticism: the need for cultures in the diagnosis or exclusion of gonorrhoea in the female is not mentioned; treatment of the infant born of a syphilitic mother is recommended in the absence of evidence of infection; and serological testing 6 to 8 weeks after penicillin treatment of gonorrhoea to exclude concomitant infection with syphilis seems to allow too short a period of serological surveillance. S.M.L.